| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS | | | Use separate scheo for each category of Detailed Summary I | dule(s) of the | FOR LINE NUMBER: (check only one) 17 |
|---|--|---|--|-------------------|--|
| | | | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) Salud Carbajal for Congres | SS | | | |
| ۸. | Full Name (Last, First, Middle Initial) SANTA BARBARA COUNTY DEMO Mailing Address 5429 Madison Ave City Sacramento Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District: | State CA Disbursement For Primary Other (s | Zip Code 95841-3111 : 2016 General | Category/ Type | Date of Disbursement M M M / DI / 2015 Amount of Each Disbursement this Period 500.00 Memo Item Transaction ID: VPECVA079V3 |
| 3. | ull Name (Last, First, Middle Initial) | | | | Date of Disbursement |
| | City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: | Disbursement For Primary Other (s | General | Category/ Type | Amount of Each Disbursement this Period Memo Item |
| Э. | Full Name (Last, First, Middle Initial) Mailing Address | | | | Date of Disbursement |
| City State Zip of Purpose of Disbursement Candidate Name Office Sought: House Senate Primary President State: District: | | | General | Category/ Type | Amount of Each Disbursement this Period Memo Item |
| s | SUBTOTAL of Disbursements This Page | (optional) | | | 500.00 |

TOTAL This Period (last page this line number only).....

500.00